1291082

FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

DM D



05049159

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering (  check if this is an amendment and name has changed, and indicate change.)	
Fairfield Financial Services, Inc.	*
Filing Under (Check box(es) that apply):	ULOE
Type of Filing:	_
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Fairfield Financial Services, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1522 NW 24th Ave., Portland, OR 97210	503-348-7011
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business  Mortgage broker who brokers private investor loans sec	ured by real property
Type of Business Organization  organization  limited partnership, already formed  business trust  limited partnership, to be formed  other (pl	lease specify): PROCESSED
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 6 9 8 7 Actual Estim	APR 0 8 2005
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIA

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years,	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or mo	re of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and managing partner	s of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer  Director	or General and/or Managing Partner
Full Name (Last name first, if individual)	
Grover W. Sparkman, Jr.	
Business or Residence Address (Number and Street, City, State, Zip Code)	·
3327 SE 50th, Portland, OR 97206	
Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer  Direct	or General and/or Managing Partner
Full Name (Last name first, if individual)	
M. Louise Sparkman	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3327 SE 50th, Portland, OR 97206	
Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer  Direct	Or General and/or Managing Partner
Full Name (Last name first, if individual)	
S. Clay Sparkman	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1522 NW 24th Ave., Portland, OR 97210	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	or General and/or Managing Partner
Full Name (Last name first, if individual)	
Duringer of Decidence Address (Olumber and Street City State 7 in Code)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	or General and/or
Circle Box(es) that Apply. Tromotel Beneficial Owner Beneficial Owner Boxeen	Managing Partner
Full Name (Last name first, if individual)	
Provinces on Desidence Address Office Leaved Chart City State 7in Code)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	or General and/or Managing Partner
Full Name (Last name first, if individual)	
Tan Tante (East halle 1835, 12 Harvidan)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	or General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

					B. II	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sole	d, or does tl	ne issuer in	ntend to se	ll, to non-a	ccredited in	nvestors in	this offeri	ing?		Yes	No
				Ans	wer also in	Appendix	Column 2	, if filing t	under ULC	E.			<u></u>
2.	What is	the minim	um investn	nent that w	ill be acce	pted from a	my individ	ual?				\$	
							-					Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?	••••••			•••••••	••••••		7
4.	commis If a pers or states	sion or sim on to be lis s, list the na	tion request ilar remune ited is an ass ame of the b , you may s	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase int of a brok ore than five	ers in conne ter or dealer e (5) person	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Ful			first, if indincial Serv	-	nc.								
Bu			Address (N		-	ty, State, Z	ip Code)						
Na	me of As	sociated B	roker or De	aler									
					The same								
Sta			Listed Has										
	(Check	"All State:	s" or check	individual	States)	••••••			••••••	*******************		☐ Al	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS QR WY	MO PA PR
Ful	ll Name (	Last name	first, if ind	ividual)	, , , , , , , ,	. 4							
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)					<u> </u>	
Na	me of As	sociated B	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			s" or check						******			□ Ai	1 States
	AL	AK IN	AZ IA	[AR]	CA KY	CO	CT]	DE MD	DC MA	FL MI	GA MN	MS MS	ID
	IL MT	NE	NV	NH	NJ	LA NM	ME NY	NC	ND	OH	OK	OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	ll Name (	Last name	first, if ind	ividual)			· · · · · · · · · · · · · · · · · · ·						
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)				·		
<del></del>						<del></del>							
Na	me of As	sociated Bi	roker or De	aler									
Sta	ites in Wi	nich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						-
	(Check	"All State:	s" or check	individual	States)			.,	••••	••••••••		All States	
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alres sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, ch		
	this box and indicate in the columns below the amounts of the securities offered for exchange a already exchanged.		
	Type of Security	Aggregate Offering Pri	-
	Debt	\$ 179,500	\$ 179,500
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$	<u> </u>
	Partnership Interests	\$	
	Other (Specify)	\$	\$
	Total		\$ 179,500
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in to offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indice the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ate	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	<b>\$</b> 179,500
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		Ψ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securit sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	the	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	<u>Participatio</u>	n \$179,500
	Total		<u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insur The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.	
	Transfer Agent's Fees		□ \$ <u>°</u>
	Printing and Engraving Costs		☐ \$ <u>0</u>
	Legal Fees		_ \$ <u>°</u>
	Accounting Fees		\$ 0
	Engineering Fees		☐ <b>\$</b> ○
	Sales Commissions (specify finders' fees separately)	******	Amount not paid out
	Other Expenses (identify) Doc prep fee, collection account setup fee, inspect		Amount not paid out
	Total	*	☑ <b>\$</b> º

C. OFFERING P	RICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
and total expenses furnished in response	gregate offering price given in response to Part C — Questi to Part C — Question 4.a. This difference is the "adjusted g	gross	\$ <u>179,500</u>
each of the purposes shown. If the an check the box to the left of the estimate.	ted gross proceed to the issuer used or proposed to be use mount for any purpose is not known, furnish an estimate The total of the payments listed must equal the adjusted g onse to Part C — Question 4.b above.	and	
		Payments to Officers, Directors, & Affiliates	Payments t Others
Salaries and fees			
			<del></del>
Purchase, rental or leasing and installa			
	ings and facilities		
Acquisition of other businesses (inclu- offering that may be used in exchange	ding the value of securities involved in this for the assets or securities of another		_
		<del></del>	_
		<del></del>	_
	llection acct. set up fee, inspection fee		
Column Totals		[] \$	_ [ \$
Total Payments Listed (column totals	added)	<u> </u>	
	D. FEDERAL SIGNATURE		
gnature constitutes an undertaking by the e information furnished by the issuer to a	igned by the undersigned duly authorized person. If this r issuer to furnish to the U.S. Securities and Exchange Coany non-accredited investor pursuant to paragraph (b)(2	mmission, upon writt ) of Rule 502.	
suer (Print or Type)	Signature	Date	_
airfield Financial:		3.22,0	
ame of Signer (Print or Type)	Title of Signer (Print or Type)	·	
s. Clay Sparkman	Vice President		
0 '			

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

L		E. STATE SIGNATUR	E						
1.		30.262 presently subject to any of the d	<del>-</del>						
	•	See Appendix, Column 5, for state	e response.						
2.	The undersigned issuer hereby unde D (17 CFR 239.500) at such times	•	or of any state in which this notice is filed a notice on	Form					
3.	The undersigned issuer hereby understand issuer to offerees.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	limited Offering Exemption (ULOE		tions that must be satisfied to be entitled to the Und and understands that the issuer claiming the available been satisfied.						
	ner has read this notification and knows thorized person.	s the contents to be true and has duly caus	sed this notice to be signed on its behalf by the unders	igned					
Issuer (	Print or Type)	Signature	Date						
Eair	field Financial Ser	vices 4.c	3.22.65						
Name (	Print or Type)	Title (Print or Type)							
S. C	lay Sporkwan	Vice Presid	ent						

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX 2 3 5 1 Disqualification under State ULOE Type of security and aggregate Intend to sell (if yes, attach offering price Type of investor and to non-accredited explanation of amount purchased in State offered in state waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Amount **Investors** No State Amount Yes ALΑK ΑZ AR CA CO CTDE DC FL GA Н ID IL INIA KS KYLA ME MD MA MI MN MS

#### 2 4 1 3 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and to non-accredited explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited Yes Investors Amount Investors Amount Yes No State No MO MT NE NVNH NJ NMNY NC ND ОН OK OR 179,500 3 179,500 0 PA RI SCSD TN TXUT VT VAWA wv WI

**APPENDIX** 

				APP	ENDIX				
1	Intend to sell to non-accredited of		Type of security and aggregate offering price		4  Type of investor and		5 Disqualification under State ULOE (if yes, attach explanation of		
		s in State I-Item 1)	offered in state (Part C-Item 1)	amount purchased in State (Part C-Item 2)				waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									